

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155568		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 03/05/2012	
NAME OF PROVIDER OR SUPPLIER WILLIAMSPORT NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 200 SHORT ST WILLIAMSPORT, IN 47993			
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 03/05/12</p> <p>Facility Number: 000449 Provider Number: 155568 AIM Number: 100290350</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Williamsport Nursing and Rehabilitation was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type II (000)</p>			K0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. Provider desires that the 2567 plan of correction be considered the letter of credible allegation of compliance on or after 03/30/2012.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, resident rooms and spaces open to the corridors. The facility has a capacity of 96 and had a census of 60 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/09/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p>						

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K0048 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>Based on record review and interview the facility failed to include the use of the kitchen fire extinguishers in 1 of 1 written fire safety plans for the facility in the event of an emergency. LSC 19.2.2.2 requires a written health care occupancy fire safety plan that shall provide for the following:</p> <p>(1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire</p> <p>This deficient practice affects any residents, staff and visitors in the vicinity of the kitchen.</p> <p>Findings include:</p> <p>Based on review of the facility's General Fire Action Plan on</p>		K0048	<p>K048 NFPA 101 Life Safety Code Standard There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. What corrective actions will be accomplished for those Residents found to have been affected by the deficient practice? 1.) No Residents were directly affected by this deficient practice. 2.) Policy has been updated to reflect the use of the K-class extinguisher How other Residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? 1.) All Residents have the potential to be affected 2.) Policy has been updated to reflect the use of the K-Class extinguisher. 3.) All staff will be re-educated to the appropriate use of the K-Class extinguisher on 03/27/12. What measures will be put into place to ensure that the deficient practice does not recur? 1.) Fire extinguisher policy has been updated to reflect the K-Class extinguisher, staff will be re-educated to the change on 03/27/12 2.) Staff will be randomly quizzed monthly for 3 months then quarterly to test the</p>		03/30/2012	

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	<p>03/05/12 at 10:45 a.m. with the maintenance supervisor and administrator, the plan did not include the use of the K class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. The administrator acknowledged at the time of record review, the fire extinguisher had not been included as part of the written plan.</p> <p>3.1-19(b)</p>			<p>understanding of the K-Class extinguisher and findings will be submitted to the Continuous Quality Improvement committee. How the corrective action will be monitored to ensure the deficient practice will not recur? 1.) Any new staff being hired will be instructed on the types of fire extinguisher throughout the facility. Dietary staff will be specifically trained on how and when to use the k-class fire extinguisher upon hire and annually thereafter. 2.) Completion date: 03/30/12</p>			

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K0051 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to ensure a smoke detector connected to the fire alarm system in 1 of 5 smoke compartments was properly separated from an air supply. NFPA 72, 2-3.5.1 requires, in spaces served by air handling systems, detectors shall not be located where airflow prevents operation of the detectors. This deficient practice could affect visitors, staff, and 17 residents on A Hall.</p> <p>Findings include:</p>		K0051	<p>K051 NFPA Life Safety Code Standard A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second</p>		03/30/2012	

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	<p>Based on observation with the maintenance supervisor and administrator on 03/05/12 at 1:15 p.m., a corridor smoke detector was located 12 inches from an air vent near room 112. The maintenance supervisor confirmed the distance measurement at the time of observation, and acknowledged the air flow could impede the function of the smoke detector.</p> <p>3.1-19(b)</p>				<p>source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4.9.6 What corrective actions will be accomplished for those Residents found to have been affected by the deficient practice? 1.) No Residents, visitors or staff was directly affected by this deficient practice. 2.) All smoke detectors have been relocated How other Residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? 1.) All Residents have the potential to be affected 2.) Integrated Electronics, Incorporated (IEI) was contact and relocated all smoke detectors identified and those not identified were relocated away from the nearest air vent. What measures will be put into place to ensure that the deficient practice does not recur? 1.) All detectors were relocated by IEI on 03-08-2012 How the corrective action will be monitored to ensure the deficient practice will not recur? 1.) Maintenance Director/or designee will check annually the distance from air vent to smoke detectors to</p>		

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					ensure no smoke detectors has been relocated accidentally. Completion date: 03/30/2012		

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K0056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to provide complete sprinkler coverage for all areas in 1 of 5 smoke compartments. LSC 19.1.6.2 requires facilities of Type II (000) construction be provided with complete sprinkler protection. This deficient practice affects visitors, staff, and 12 residents in the south A wing smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the maintenance supervisor and administrator on 03/05/12 at 12:10 p.m., a doorway within the A wing shower enclosure created</p>		K0056	<p>K056 NFPA 101 Life Safety Code Standard If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, standard for the installation of sprinkler systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, standard of the inspections, testing, and maintenance of water-based fire protection systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>What corrective actions will be accomplished for those Residents found to have been</p>		03/30/2012	

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	<p>an alcove for which there was no sprinkler protection The maintenance supervisor agreed at the time of observation, sprinkler protection provided in the shower room would not provide coverage for the alcove.</p> <p>3.1-19(b)</p>			<p>affected by the deficient practice?</p> <p>1.) No Residents were directly affected</p> <p>2.) Sprinkler heads have been installed in the A-Wing shower</p> <p>How other Residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</p> <p>1.) All Resident have the potential to be affected</p> <p>2.) P.I.P.E(Sprinkler Contractor) was contacted 03/08/12 to install sprinkler heads to the shower area identified sprinkler heads was installed 03/20/12</p> <p>What measures will be put into place to ensure that the deficient practice does not recur?</p> <p>1.) Maintenance Director conducted a full facility inspection to ensure no other areas were identified. No further areas were identified</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur?</p> <p>1.) Maintenance Director/or designee will annually inspect all areas of the building to ensure no sprinkler heads are missing and are in place</p> <p>2.) Completion date: 03/30/12</p>			

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K0147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords was not used as a substitute for fixed wiring. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 3 staff in the kitchen.</p> <p>Findings include:</p> <p>Based on observation with the maintenance supervisor and administrator on 03/05/12 at 12:15 p.m., a power strip extension cord was used to supply power to a kitchen freezer and refrigerator. The maintenance supervisor acknowledged at the time of observation, the power strip had been used because the appliance cords were too short to reach the nearest electrical outlet.</p> <p>3.1-19(b)</p>			K0147	<p>K147 NFPA 101 Life Safety Code Standard Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code 9.1.2</p> <p>What corrective actions will be accomplished for those Residents found to have been affected by the deficient practice? 1.) No Residents were affected 2.) All surge strips have been removed from the dietary department How other Residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? 1.) All Residents have the potential to be affected 2.) Maintenance Director removed surge strip from the dietary department and installed an electrical outlet 03/06/12. What measures will be put into place to ensure that the deficient practice does not recur? 1.) Dietary staff informed to alert the maintenance department when new electrical outlets are needed 2.) Maintenance Director</p>		03/30/2012

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				<p>removed surge strip from the dietary department and installed an electrical outlet 03/06/12.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur?</p> <p>1.) Maintenance Director will complete monthly a walk-thru of the entire facility to ensure no further surge strips are identified.</p> <p>2.) Completion date: 03/30/12</p>			